

**UNITED STATES BANKRUPTCY COURT  
NORTHERN DISTRICT OF ILLINOIS  
EASTERN DIVISION**

In re:

GARY JUAREZ

Case No. 16-21903

Debtor(s)

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**CHAPTER 13 STANDING TRUSTEE'S FINAL REPORT AND ACCOUNT**

Tom Vaughn, chapter 13 trustee, submits the following Final Report and Account of the administration of the estate pursuant to 11 U.S.C. § 1302(b)(1). The trustee declares as follows:

- 1) The case was filed on 07/07/2016.
- 2) The plan was confirmed on NA.
- 3) The plan was modified by order after confirmation pursuant to 11 U.S.C. § 1329 on NA.
- 4) The trustee filed action to remedy default by the debtor in performance under the plan on NA.
- 5) The case was dismissed on 10/19/2016.
- 6) Number of months from filing to last payment: 0.
- 7) Number of months case was pending: 5.
- 8) Total value of assets abandoned by court order: NA.
- 9) Total value of assets exempted: NA.
- 10) Amount of unsecured claims discharged without payment: \$0.00.
- 11) All checks distributed by the trustee relating to this case have cleared the bank.

**Receipts:**

Total paid by or on behalf of the debtor	\$0.00
Less amount refunded to debtor	\$0.00

**NET RECEIPTS:** **\$0.00**

**Expenses of Administration:**

Attorney's Fees Paid Through the Plan	\$0.00
Court Costs	\$0.00
Trustee Expenses & Compensation	\$0.00
Other	\$0.00

**TOTAL EXPENSES OF ADMINISTRATION:** **\$0.00**

Attorney fees paid and disclosed by debtor: \$500.00

**Scheduled Creditors:**

Creditor Name	Class	Claim Scheduled	Claim Asserted	Claim Allowed	Principal Paid	Int. Paid
ALLIANCE ONE	Unsecured	248.00	NA	NA	0.00	0.00
CAPITAL ONE BANK USA	Unsecured	0.00	NA	NA	0.00	0.00
CITIBANK	Unsecured	0.00	NA	NA	0.00	0.00
CITY OF CHICAGO DEPT OF REVENUE	Unsecured	10,000.00	4,604.00	4,604.00	0.00	0.00
COMENITY BANK	Unsecured	0.00	NA	NA	0.00	0.00
COMMUNITY CARE CENTER	Unsecured	75.00	25.00	25.00	0.00	0.00
KOHLS/CAPITAL ONE	Unsecured	0.00	NA	NA	0.00	0.00
MUNSTER MEDICAL RESEARCH FOU	Unsecured	3,073.00	4,053.41	4,053.41	0.00	0.00
MUNSTER RADIOLOGY GROUP	Unsecured	556.00	131.14	131.14	0.00	0.00
NW INDIANA PATH CONSULTANTS	Unsecured	115.00	115.00	115.00	0.00	0.00
PRA RECEIVABLES MGMT	Unsecured	NA	753.93	753.93	0.00	0.00
SANTANDER CONSUMER USA	Secured	11,100.00	14,325.00	11,100.00	0.00	0.00
SANTANDER CONSUMER USA	Unsecured	6,563.00	7,259.05	10,484.05	0.00	0.00
SPRINGLEAF FINANCIAL SERVICES	Unsecured	0.00	NA	NA	0.00	0.00
ST CATHERINE HOSPITAL	Unsecured	422.00	36.57	36.57	0.00	0.00
SYNCHRONY BANK	Unsecured	0.00	NA	NA	0.00	0.00
SYNCHRONY BANK	Unsecured	0.00	NA	NA	0.00	0.00
TNB VISA	Unsecured	0.00	NA	NA	0.00	0.00
WORLD GYM	Unsecured	570.00	NA	NA	0.00	0.00

**Summary of Disbursements to Creditors:**

	<u>Claim Allowed</u>	<u>Principal Paid</u>	<u>Interest Paid</u>
<b>Secured Payments:</b>			
Mortgage Ongoing	\$0.00	\$0.00	\$0.00
Mortgage Arrearage	\$0.00	\$0.00	\$0.00
Debt Secured by Vehicle	\$11,100.00	\$0.00	\$0.00
All Other Secured	\$0.00	\$0.00	\$0.00
<b>TOTAL SECURED:</b>	<b>\$11,100.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
<b>Priority Unsecured Payments:</b>			
Domestic Support Arrearage	\$0.00	\$0.00	\$0.00
Domestic Support Ongoing	\$0.00	\$0.00	\$0.00
All Other Priority	\$0.00	\$0.00	\$0.00
<b>TOTAL PRIORITY:</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
<b>GENERAL UNSECURED PAYMENTS:</b>	<b>\$20,203.10</b>	<b>\$0.00</b>	<b>\$0.00</b>

**Disbursements:**

Expenses of Administration	<u>\$0.00</u>
Disbursements to Creditors	<u>\$0.00</u>
<b>TOTAL DISBURSEMENTS :</b>	<b><u>\$0.00</u></b>

12) The trustee certifies that, pursuant to Federal Rule of Bankruptcy Procedure 5009, the estate has been fully administered, the foregoing summary is true and complete, and all administrative matters for which the trustee is responsible have been completed. The trustee requests a final decree be entered that discharges the trustee and grants such other relief as may be just and proper.

Dated: 11/22/2016

By: /s/ Tom Vaughn

Trustee

**STATEMENT:** This Unified Form is associated with an open bankruptcy case, therefore, Paperwork Reduction Act exemption 5 C.F.R. § 1320.4(a)(2) applies.